

## **Agency Funding Request For Fiscal Year 2004**

Please return **two copies** of this completed form and **two copies** of supporting material/attachments **no later than December 13, 2002**, to Budget & Financial Reporting, PO Box 532, Yorktown VA 23690-0532 or deliver to the Budget & Financial Reporting Division, 2<sup>nd</sup> Floor, Finance Building, 120 Alexander Hamilton Blvd, Yorktown, VA 23690. Please call 890-3708/4485 if you have any questions or send email to fmsdept@yorkcounty.gov.

Organization/Agency Name:
Federal ID#:
Please provide the name of the primary contact person for your agency that will be the project coordinator, (i.e., treasurer, director, etc.).
Date:
1. Primary Contact Person: Name & Title
2. Mailing Address:
3. Phone: ( )4. Email address
I. AGENCY DESCRIPTION:
Please describe your agency. Include:
Nature of the organization (e.g. government, regional, private, non-profit, for profit, etc.)
Purpose of the organization
Organizational structure (attach organizational chart if available)

. AGENCY FUNDING:
Please identify any sources and amounts of financial support that have funded the
organization for the past 3 years (2000, 2001, 2002) and the estimated financial
upport for the current year (2003).
I. BUDGET REQUEST AND JUSTIFICATION:
A. Specify amount of funding your agency is requesting from York County. Please explain any changes in the funding request for the organization from the amount requested in the previous fiscal year
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B.	SERVICE AND BENEFITS:
•	Please describe the nature of the service that your organization provides to York
	County.
•	Please identify the units of service that were provided to York County during the most
	recently concluded fiscal year. "Unit of Service" should be defined as it relates to the
	organization.
	✓ <b>For example:</b> number of clients, number of visits, number of hours, number of volunteers,
	number of jobs performed etc.
	✓ Sample: 10 York County residents served twice daily, five days a week, over the course of the year would be quantified as: 10 resident x 2 services a day x 5 days per week x 52
	weeks per year = 5,200 units]
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C.	Describe/explain how York County government is, or will be, benefited by the
C.	service that your organization provides, or proposes to provide, to County
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